

VOLUNTEER FORM

Kindly fill the following form as appropriate

Name: _____

Date of Birth: _____

Sex: _____

Phone Number: _____

Email Address: _____

Home Address: _____

State of Origin: _____

Next of Kin Address: _____

Next of Kin Phone Number: _____

Time Available*

Please specify what time you would be available to volunteer.

- Morning (9:00 a.m. until 12:00 p.m.)
- Afternoon (12:00 p.m. until 3:00 p.m.)
- Evening (3:00 p.m. until 5:00 p.m.)

Day Available*

Please specify what time you would be available to volunteer.

Mon. Tue. wed Thurs Fri.

Starting Date: _____

End Date: _____

Areas of Interest*

Please check the areas that are of interest to you.

- Charity Shop.
- Health, HIV & AIDS.
- Water, Sanitation & Hygiene.
- Agriculture & Food Security.
- Women's Empowerment.
- Community Outreach Events
- Finance and Administration.

Signature/Date: _____

Official Comment: _____

Passport Photograph

